



Nation's First Center of Excellence  
for Tourette Syndrome

## **About the NJCTS Youth Scholarship Program**

The NJ Center for Tourette Syndrome & Associated Disorders, Inc. (NJCTS) is proud to announce the 2025 scholarship awards to graduating New Jersey high school seniors diagnosed with Tourette Syndrome or another tic disorder.

Established in 2004, the NJCTS Youth Scholarship Program has awarded more than 350 scholarships to graduating high school seniors in every corner of New Jersey.

### ***Eligible applicants must be:***

- Diagnosed with Tourette Syndrome or another tic disorder from a qualified medical practitioner.
- A resident of the State of New Jersey.
- A high school senior in a private, public, or home school.
- Planning to attend a college or trade school on a part-time or full-time basis in **Fall 2025**.

To view the previous winners and other past NJCTS Youth Scholarship essays, please visit the [Teens4TS blog](#).

## **Application Process**

- Complete the *entire* application and return (preferably in one pdf file) by **March 10, 2025** to [aosborn@njcts.org](mailto:aosborn@njcts.org). **Incomplete applications will not be considered.**
- Applications are reviewed by the NJCTS Youth Scholarship Committee. The winners will be selected based upon academic achievement, community involvement and accomplishments.
- Winners will be announced by **May 1, 2025**, and will be notified by email. Applicants will be contacted regardless of whether or not they received a scholarship.
- The top awardees will be invited to an award reception as part of the **TS Awareness Day in early June** and will have the opportunity to have their essay published on the Teens4TS blog and appear in local media publications on [www.njcts.org](http://www.njcts.org).

## **Application Components:**

- The application form on pages 2,3,4 of this document.
- A record of grades from 9th grade to present (official or unofficial transcript).
- At least one letter of recommendation from a member of school staff (teacher, guidance counselor, etc.), coaches, and/or other members of your community who know you well (scout leaders, volunteer organization leader, etc.).
- An essay **250 to 500 words, titled, typed and double spaced**, describing how Tourette Syndrome or other tic disorder has played a part in your life.
- A recent school photo or professional headshot of yourself.

## **Optional Media Submission**

- You may also submit media (pictures, video, music) displaying your talent(s) **up to 5 minutes in length**.
- Videos may be shared over Google Drive or uploaded to a video sharing platform such as YouTube or Vimeo
- Photos should be .jpg and high resolution (300dpi if possible).
- Small files (files under 5MB) can be sent directly to [aosborn@njcts.org](mailto:aosborn@njcts.org)
- Larger files (files over 5MB) should be uploaded to Google Drive and the link sent to [aosborn@njcts.org](mailto:aosborn@njcts.org).  
Make sure sharing preferences allow anyone with the link to view the file.

Please check here if you are submitting additional media with your application

Media format (photo, video, audio file, etc.):

---

Method of sharing (email attachment, Google Drive link, etc.):

# Application Form

## **Part A.**

Name (Last, First): \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Name (Last, First): \_\_\_\_\_ MI: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Parent phone number; please indicate HOME or CELL: \_\_\_\_\_

## **Part B.**

High School Name: \_\_\_\_\_

High School Address: \_\_\_\_\_

School Telephone Number: \_\_\_\_\_

Name of Guidance Counselor/Advisor: \_\_\_\_\_

## **Part C.**

List your extracurricular activities in high school either at the school or elsewhere:

\_\_\_\_\_  
\_\_\_\_\_

List any employment held during high school, indicating summer or part-time during school:

\_\_\_\_\_  
\_\_\_\_\_

**Part E.**

College/trade school you will attend OR what colleges/trade schools you have applied to:

---

---

**Part F. Choose one of the following:**

(If applicant is 18 or over.) I certify that I have been diagnosed as having Tourette Syndrome or another tic disorder.

---

Applicant's signature Date

(If applicant is under 18.) As a parent or guardian of the applicant I certify that he or she has been diagnosed as having Tourette Syndrome or another tic disorder.

---

Parent or guardian's signature Date

**Part G.**

Where did you hear about this scholarship?

---

---

**Part H.**

Have you attended any events hosted by NJCTS? (This does not affect scholarship eligibility.)

YES

NO

If not, would you like to receive information about NJCTS events?

YES

NO

**Part I.**

If selected, you may release my name to media including the NJCTS website and social media, Teens4TS blog, Local Press, Various publications, such as the NJCTS Year In Review.

- YES
- NO
- UPON REQUEST

You may publish my essay online or in a collection:

- YES
- YES, BUT ONLY IF MY NAME IS REMOVED
- NO

---

Applicant's signature

---

Date